

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | 10-19-01 |
| O.I.P.E. CLASSIFIER | | | 10/30 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | E.H | 715 | 11-13-01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------------------|------|
| Final Original 12 | |
| 1 | |
| 2 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

TH JC 1118 11-13-01